

THE STATE HORSE RACING COMMISSION  
MOHEGAN SUN @ POCONO DOWNS  
1282 HIGHWAY 315  
WILKES BARRE, PA 18702  
PHONE: (570) 826 - 2404

THE STATE HORSE RACING COMMISSION  
HARRAH'S CHESTER CASINO AND RACETRACK  
1001 HARRAH'S BLVD  
CHESTER, PA 19013  
PHONE: (610) 619 - 3211

THE STATE HORSE RACING COMMISSION  
MEADOWS RACE TRACK  
210 RACE TRACK ROAD  
WASHINGTON, PA 15301  
PHONE: (724) 223 - 4585

## THE STATE HORSE RACING COMMISSION – BUREAU OF STANDARDBRED RACING

THIS FORM MUST BE COMPLETED BY ALL PERSONS WHO HAVE NOT BEEN PREVIOUSLY LICENSED BY THE COMMISSION OR HAVE NOT RENEWED A LICENSE FOR A PERIOD OF 3 YEARS OR LONGER. THIS APPLICATION MUST BE ACCOMPANIED BY (2) FINGERPRINT CARDS AND THE CORRECT FEE. (Refer to Fee Schedule) CHECK OR MONEY ORDER ONLY

**PLEASE SEND APPLICATION AND APPROPRIATE FEES TO ONE OF THE RACE TRACKS LISTED AT THE TOP OF APPLICATION  
PRINT OR TYPE IN INK ONLY – READ ALL REQUIRED INFORMATION THOROUGHLY**

1. Name of Applicant: \_\_\_\_\_  
Last First Middle Name

2. Permanent Mailing Address: \_\_\_\_\_  
No. and Street City State Zip Code

(PSHRC rules require you have a **valid permanent mailing address** for which all correspondence is forwarded. If you do not, you will be in violation of PSHRC rules resulting in immediate suspension. Any changes in address must be updated with the Commission immediately.)

3. List any other name or nickname used or known by: \_\_\_\_\_

4. Full name of spouse: \_\_\_\_\_  
Last First Middle Maiden Name

5. Home Phone:(area code) \_\_\_\_\_ Cellular Phone:(area code) \_\_\_\_\_ Business: (area code) \_\_\_\_\_

6. Classification(s) to be licensed as: \_\_\_\_\_

7. Name of Trainer / Employer at track: \_\_\_\_\_ Applicant's e-mail address: \_\_\_\_\_

8. (a) Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Nation: \_\_\_\_\_  
MM / DD / YYYY

(b) Enter personal description in following boxes:

SEX	HEIGHT	COLOR HAIR	COLOR EYES	OFF-TRACK OCCUPATION	SOC. SEC. NUMBER (last four digits)
					XXX-XX- _____

**If your answer to any of the questions 9 thru 14 is YES, a separate statement of details must be submitted. Include the disposition in each case.**

9. YES  NO  Have you ever been ejected from or denied access or admission to any race track?

10. YES  NO  Have you ever had any permit or license of any type whatsoever, denied, suspended, or revoked by any Federal, State, or City Agency?

11. YES  NO  **Have you ever been charged with or convicted of any criminal charge or serious traffic violation? ALL arrests must be reported whether dismissed or whether you were convicted or received a suspended sentence.**

12. YES  NO  Have you ever been involved in bookmaking or other illegal gambling, or associated with anyone so involved?

13. YES  NO  Have you ever violated or been charged with violation of any rule, regulation, or order, by the USTA, any racing official, association, or commission, in the United States, Canada, or elsewhere, whereby license was denied, revoked, or suspended over 5 days or fined greater than \$300.00?

14. YES  NO  (a) Have you been fingerprinted by any racing (a) commission? List State or Provincial Commission \_\_\_\_\_ Year \_\_\_\_\_

YES  NO  (b) Are you a member of the USTA/CTA? Membership No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

YES  NO  (c) Are you licensed by the USTA as a Driver or Trainer or both? Letter Classification(s) \_\_\_\_\_  
TRAINERS SHALL NOTIFY THE COMMISSION IMMEDIATELY OF ANY CHANGES IN THE EMPLOYMENT OF GROOMS

*Continue to answer questions on reverse side of application*

DO NOT WRITE IN THIS SPACE

Bureau of Standardbred Racing License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_ Location: \_\_\_\_\_

Exam. By: \_\_\_\_\_ / \_\_\_\_\_ License FEE: \_\_\_\_\_ Fingerprint FEE: \_\_\_\_\_ Transmittal No.: \_\_\_\_\_  
Sign / Print

FBI: \_\_\_\_\_ PSP: \_\_\_\_\_ Restricted Verification: Initials \_\_\_\_\_ USTA \_\_\_\_\_ INTELL \_\_\_\_\_

LIVSCAN \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

15. YES  NO  Do you now have, or will you have, employees working for you on the track? If YES, you are REQUIRED by the PA Workmen's Compensation Act to secure current insurance to provide compensation for all such employees.

Name of Insurance Company: \_\_\_\_\_ Policy Exp. Date: \_\_\_\_\_

16. YES  NO  Are you a U.S. Citizen? Status: \_\_\_\_\_ Visa Type / No. \_\_\_\_\_

17. YES  NO  Are you a public employee, elected public officer, or a political party officer in Pennsylvania? If YES, give the following:

Details: \_\_\_\_\_ Position: \_\_\_\_\_ Location: \_\_\_\_\_

18. If you are applying for a current Veterinarian License, list your current Pennsylvania License No: \_\_\_\_\_

19. If you are a racing/track official, give classification of current USTA License: \_\_\_\_\_  
Upon arrival on track, grooms shall promptly report their tack room and barn assignment to the Commission office. If this information is available at this time, complete this line: \_\_\_\_\_

Tack Room

Barn

If you are under the age of Eighteen (18), working papers or education certificate must be submitted with this application.

Complete the following: \_\_\_\_\_  
School District Certificate No.

\*\*\*\*\*

**THE FOLLOWING TO BE COMPLETED BY OWNERS ONLY**

NOTE: OWNERS LICENSE MUST BE OBTAINED BY THE FOLLOWING PERSONS:

- ALL INDIVIDUALS OWNING, LEASING, OR HAVING ANY FINANCIAL INTEREST IN A HORSE.
- ALL OFFICERS AND DIRECTORS IN ANY CORPORATION OWNING, LEASING, OR HAVING ANY FINANCIAL INTEREST IN A HORSE.
- ALL STOCKHOLDERS IN A CORPORATION OWNING, LEASING, OR HAVING ANY FINANCIAL INTEREST IN A HORSE.

20. YES  NO  A. Do you own or lease any Standardbred horses which you intend to race in Pennsylvania during the year or years for which this application is submitted? If YES, list names of those horse as presently known:

\_\_\_\_\_

B. If horses are leased, give name and address of Lessee(s) and Owner(s). (attach additional sheet if necessary)

Lessee: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owners: Name: \_\_\_\_\_

Address: \_\_\_\_\_

YES  NO  C. Is ownership of horses which you intend to race in Pennsylvania during the year(s) for which this application is submitted, shared with others or under the name of a racing stable, farm, or corporation? If YES, list all names and addresses of all other owners of such horses, or names and addresses of such stables or corporations including officers, directors and all members thereof. (attach additional sheet if necessary.)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

21. Under what name or names is ownership of above horses, listed under question 20A , registered with the USTA?

\_\_\_\_\_

The Commission, or its representatives, shall have the right to conduct a warrant-less search within the racetrack enclosure which any owner, trainer, driver, groom, vendor of racing equipment and service, or other licensee acting in their behalf may occupy and control including all personal property and effects. As a result of such search, the Commission or its representatives shall have the power and authority to seize any article which may be in violation of the rules and regulations of the Commission or the criminal statutes of the Commonwealth of Pennsylvania. My signature acknowledges that I will comply with drug/alcohol testing when requested by the Commission.

Notify this Commission immediately of any change of address, employment, arrest, or other development which would alter the information on this application. If licensed, I agree to comply with all rules, regulations, and orders of The State Horse Racing Commission. I hereby verify the facts contained in this foregoing application are true and correct. I give this verification subject to the provisions set forth in 18 Pa. C.S. 4904, relating to un-sworn falsification to authorities, a misdemeanor of the second degree.

Sign / Print: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Signature indicates acceptance of full responsibility for this applicant for Owner's License when applicant is under 18 years of age.